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Research Article

Nurse Experience in Providing Holistic Care to Covid-19 Patients in Indonesia: A Qualitative Research

Siwi Ikaristi Maria Theresia^{1*} | Eva Supriatin² | Fransiska Anita Ekawati Rahayu Sa'pang³ | Serlina Sandi⁴

¹Panti Rapih School of Health Sciences, Yogyakarta, Indonesia

²PPNI School of Nursing Science West Java, Indonesia

^{3,4}Stella Maris School of Health Sciences, Makassar, South Sulawesi, Indonesia

*contact

siwi.theresia@gmail.com

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Abstract

Aims: The study aimed to explore nurses' experience in delivering holistic care among COVID-19 patients in designated care unit in Indonesian hospital.

Methods: A qualitative study with phenomenology approach conducted. Population in this study were nurses from private and public hospital in West Java Province, Special Region of Yogyakarta and South Sulawesi. 10 participants recruited using purposive sampling with following inclusion criteria: taking care of COVID-19 patients and willingness to participate. Data collected through live interview, video calls and zoom meetings. Thematic data analysis was performed by understanding data or transcript results interview, composing codes and creating theme in accordance with the research purpose.

Results: The study indicated 11 sub-themes and grouped into the three themes: 1) complains reported by COVID-19 patients, 2) Nurses' intervention to fulfill physical, psychological, social and spiritual needs and 3) Nurses' care as well as digital technology advantages as a means of therapeutic communication. The study discovered that nurses remain capable to fulfill needs of COVID-19 patients in a holistic approach. It includes the provision of physical, psychological, social and spiritual needs despite nurses experiencing inconvenient due to COVID-19 Personal Protective Equipment (PPE) standards.

Conclusion: Holistic care is one mandatory consensus required to be carried out by nurses in taking care of COVID-19 patients as one interconnected bio - psycho - social- spiritual aspects. Holistic care for COVID-19 patients can take advantage of digital technology to fulfill it.

Keywords:

COVID-19, experience, holistic care, nurses

INTRODUCTION

COVID-19 has spread globally in a relatively short time as World Health Organization (WHO) declared the disease as a global pandemic. Nurses as the front-line workers have significant role in delivering healthcare services especially in the COVID-

19 ward. Workload experienced by nurses at the hospital during COVID-19 greatly influence mental health. The issue emerged due to nurses required to wear Standardized Personal Protective Equipment (PPE) which includes all medical covers, masks, google, and gloves that causes inconveniences during the care

delivery for COVID-19 patient in isolation room as well as the limited number of assigned staff (1). In addition, interaction between nurses and patients were limited due to hospital regulations in limiting physical contact for infection prevention and this is a part of patient safety policy (2).

COVID-19 patients receiving treatment in isolation room experienced various symptoms including physical manifestation including fever, shortness of breath, cough and loss of smell senses. In addition, patients experience stress, fear, anxiety, depression, post-traumatic stress disorder, social restriction which causing disconnection and lonely exacerbation. As a consequence, patients experienced excessive psychological pressure that leads to mental health crisis, physical, psychosocial and spiritual well-being disorders (3). Aforementioned issues became challenges for nurses in implementing holistic care that entitled fulfillment of physical, psychological, social and spiritual needs. Holistic approach is highly beneficial for COVID-19 patients by increasing mental health and speed up the recovery process for especially amid the current pandemic (4).

The essence of holistic care is to empower patients in harnessing their inner resources to improve their quality of life and adapt to changes associated with the illness. Holistic nursing refers to the balance between art and science that emphasizes analytical and intuitive, self-care, and the ability to take care of patients with the provision of interconnectedness between body, mind, and spirit (6). Holistic nursing recognizes that health comes from a balance of individual biological, psychological, social, and spiritual needs as a whole human being. Wholeness depends on individuals' relationship to one another, environments and what gives the life meaning. Nurses have the unique ability to promote a harmonious balance of the human energy system (7). The aim of this study is to explore nurses' experience in providing

holistic care approach to COVID-19 patients in several hospitals in Indonesia.

METHODS

Research design

This was a qualitative study with phenomenology approach to explore nurses' experience nurse in providing holistic care to COVID-19 patients in Indonesian hospitals.

Settings and samples

The study population were nurses from several hospitals in West Java Province, Yogyakarta Special Region Province, and South Sulawesi Province were the top 10 provinces with the most COVID-19 cases in Indonesia. Study samples were recruited using purposive sampling. Nurses responsible for taking care of patient with COVID-19 in isolation room and willing to participate were included in this study. 10 nurses participated in the interview process. 3 nurses originated from a Government Hospital in Bandung, West Java; 3 nurses from private hospitals in Yogyakarta; and 4 nurses from private hospitals in Makassar, South Sulawesi were participating in this study.

Measurement and data collection

The study collects data through direct interviews, video calls and zoom meetings based on participant preferences. Interviews were conducted on 14 – 19 February 2022. The interview process was carried out by two to three researchers. Prior to the interview, the participant consent for session recording with tape recorders. The interview run for 30 minutes to 60 minutes while the average time was 45 minutes. Open ended questions were given to the participants in exploring nurses' holistic care for COVID-19 patients. The questions include: "Tell me, how did you fulfill the whole needs of current COVID-19 patient during your service in COVID-19 special ward?", "How did you provide the communication between patient and family?", "What was the feeling difference between taking care of non-



COVID-19 patients and patients with COVID-19?". Researchers introduced probing questions for deeper exploration of nurses' experience based on the open-ended questions.

Data analysis

A thematic qualitative data analysis performed to identify pattern and relationship to the findings and explain to what extent the phenomenon occurs. The analysis also served in identifying theme from the collected data (8,9). Upon completing the interview, within time window of 2 x 24 hours the researchers generate the recording transcript. Original transcripts in Indonesian language were analyzed by four researchers. The analysis highlights each quote and group, creating codes for grouping into sub themes and at later stage define the theme. The results were translated into English at the end of analysis phase.

Trustworthiness/rigor

An introduction to the study participants was established to explain the study purpose, the nature of participation, data collection, methods, interview recording, interviewers and participants role, as well as confidentiality and anonymity of information. The participants requested to sign an agreement form once they ready for involvement in this study. The consents were signed electronically by participants through video call and Zoom meeting application. Researchers ensure all

participants' information handled responsibly and safeguard the anonymity and confidentiality by introducing application number to replace participants' name (P1 to P10).

Ethical considerations.

This study conducted in accordance with the Helsinki Declaration Principles of Ethics toward care professionals in medical research involving human subject. The PPNI West Java STIKep Ethics Committee has reviewed and approved the study protocol with ethical clearance number: III/022/KEPK-SLE/STIKEP/PPNI/JABAR/VI/2022.

RESULTS

A total of 10 nurses working in the COVID-19 special ward from three hospitals in Indonesia participated in this study. Participating nurses were assigned in COVID-19 special ward since 2020 or since the hospital provide designated care for COVID-19. Participants originated from Bandung government hospital in West Java Province, private hospitals in the Special Region of Yogyakarta and Makassar, South Sulawesi. Participants consist of 2 male nurses and 8 female nurses with age between 24–44 years old. The participants' level education dominated by nursing diploma and undergraduate with working experience work from 2 to 19 years. Participants' characteristics provided in Table 1.

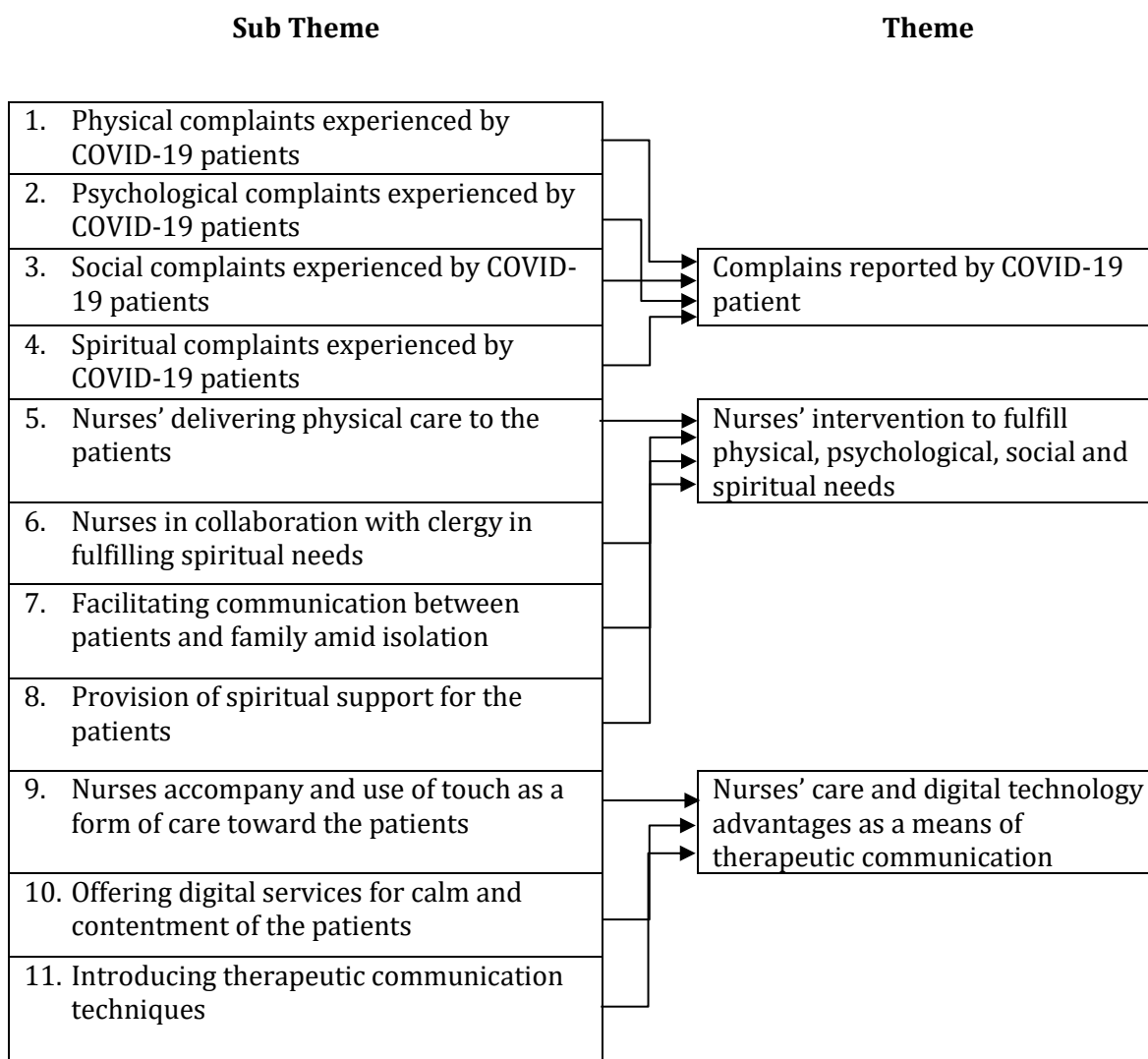
Table 1: Characteristics of the Interview Participant

ID	Gender	Age (years)	Education	Work Experience (years)
P1	Female	31	Nursing diploma	10
P2	Male	35	Nursing diploma	7
P3	Female	41	Undergraduate Nursing	19
P4	Female	26	Nursing diploma	5
P5	Female	25	Undergraduate	5

Nursing				
P6	Female	24	Undergraduate Nursing	2
P7	Female	44	Undergraduate Nursing	16
P8	Female	24	Nursing diploma	2
P9	Male	24	Nursing diploma	2
P10	Female	23	Nursing diploma	2

The interview process explored nurses' experience in taking care of patients with COVID-19. The qualitative analysis yielded 11 sub themes which grouped into 3 themes. The themes are: 1) Complains reported by COVID-19 patients, 2) Nurses' intervention to fulfill physical, psychological, social, and spiritual needs and 3) Nurses' care and digital technology advantages as a means of therapeutic communication. Sub-themes grouping was performed based on themes according to Figure 1:

Figure 1. Defined Themes of Nurses' Experience in Delivering Holistic Care for COVID-19 patients



DISCUSSION

Theme 1: Complains reported by COVID-19 patient

COVID- 19 patients in general reported complex complaints as they are not only suffering physical symptoms such as fatigue, breathing difficulties and muscular pain but also psychological complaints including anxiety, depression, and sleep disturbances (10).

a. Sub theme 1: Physical complaints experienced by COVID-19 patients

Most of the patients reported the following COVID-19 signs and symptom: respiratory distress like fever, cough, shortness of breath, and loss of smell and taste. Prevalence of the physical symptoms reported among COVID-19 patients are breathing problems (92.1%), fatigue (83.3%), muscle weakness or joints stiffness (50.6%), cough (42.3%), and sleep disturbances (46.2%) (11). The study confirmed similar findings:

“Breathing problem frequently disturbed patient. Besides that, limited physical mobility, a lot of patient experiencing bed rest, particular to total bed rest patients we could not manage to transfer them for toileting... as a result, all total care patient being treated on the bed“(P1, 31 years).

Preventive measures to limit the spread of the virus implemented by the hospital including isolation of COVID-19 patients (12) . Discomfort experience by the patient will limit their ability to communicate needs, mobility, causing eating / drinking disturbance, and ability for nurses to provide holistic care (2) .

b. Sub theme 2: Psychological complaints experienced by COVID-19 patients

Psychological burden experienced by COVID-19 patients associated with stigmatization leads to anxiety and

fatigue. Discriminated patients reported psychological consequence response from community and the family. COVID-19 patients tend to feel stressed and anxious because treated in the isolation room. There is no family support stimulated negative emotion including anger and helplessness as the consequences of the disease (13) . Frequent psychological symptom experienced by COVID-19 patients mental ability problem (45.9%) as well as changes in heart atmosphere including anxiety and depression (43.1%) (11). We discovered similar symptoms from the patients based on study participant statement:

"Patients feel so scared ... completely prohibited for family member to accompany them“(P5, 25 years old).

"Anxious patient looks from their face, they often frown the forehead, frequently ask similar question to the staff and grumpy to nurse ". (P3, 41 years).

"... because the hospital had oxygen shortages, patients felt they couldn't survive the shortness of breath at that time, so they were anxious" (P1, 31 years old)

c. Sub theme 3: Social complaints experienced by COVID-19 patients

COVID-19 patients suffered from social stigma due to the infection and feeling isolated from surroundings environment. Patients noticed a rejection by the adjacent community and even family members as they were being treated in the hospital or quarantine facility. Moreover, there are groups of people who remains disbelief about the COVID-19 existence (14) . Participant of this study reported similar circumstances:

“The virus causing me to be shunned and isolated by the society...” (P2, 35 years old).

d. Sub - theme 4: Spiritual complaints experienced by COVID-19 patients

Spiritual aspect plays significant role for maintaining patient's health. Increasing number of infections and mortality associated with COVID-19 from day to day, in addition to the isolation room environments, causing negative impact toward patient's psychological state. Fear of death, being treated in the isolation ward and fellow patient passed away worsening the feelings. The infection symptoms may deteriorate in a short time and causing death (15) . The study discovered similar findings based on the following statement:

"Once in a time, the patient was too worried since he frightened of death ... he asked for a prayer, and I pray for him". (P4, 24 years old)

Theme 2: Nurses' intervention to fulfill physical, psychological, social and spiritual needs.

Working in a heavy mental, psychological, and physical stress due to the COVID-19 pandemic causing healthcare professionals feel fear and worry. The responsibility to wear personal protective equipment compel nurses to work hard. Holistic care approach considers mental, environmental, and social factors as a contributing factor for health outcome and not only the symptoms of particular disease. Health workers expected to implement this holistic care model for delivering appropriate services in restoring COVID-19 patients health (13) .

a. Sub theme 1: Nurses' delivering physical care to the patients

Nursing intervention in provisioning physical care including maintain personal hygiene, doing transfer/ patient positioning challenged by wearing less ventilated PPE, lack of visibility, and limiting mobility. Although the concurrent limitations exist, the proportion of nurses and patients in

isolation room was greatly improved. The challenges however did not hinder nurses in providing adequate care services (2) . The study participants reported:

"Because we wear hazmat, we always introduce ourselves for contract time and every action to patient, so patient was not confused ". (P9, 24 years old)

"We gave support, accompany, fulfill needs, help for bathing and eating, even when patient asked to be accompanied for room adaptation we were there. We accompany, had a conversation and facilitate prayer ". (P8, 24 years old)

b. Sub theme 2: Provision of spiritual support for the patients

Spiritual intervention as an integral part of holistic care to COVID-19 patients because beneficial to minimize mental health issues associated with spiritual problems and to understand patients' spiritual needs as well as offering immediate response amid the unprecedented time (16) . Proximity with God and spirit is the largest capital for patient during the recover process from COVID-19 (14) . Fulfillment of patients' spiritual needs could initiate physical recovery, pain reduction, and self-development (17) . Spiritual needs highlighted by the study participants in the following statement:

"Patients feel desperate and questioning about their recovery..., the patient asked for prayer, it is coincidence that the patient has similar religion with me which is catholic. I helped pray for us and we prayed inside the room, ... "(P8, 24 years old).

"For patients who are Muslim, we teach the method pray with condition in accordance ability patient. If you

make a non- Muslim, our remind they for pray in accordance with his religion and belief." (P2, 35 years old).

c. Sub theme 3: Nurses in collaboration with clergy in fulfilling spiritual needs

Contented spiritual needs potential to increase individual coping for facing difficult situation. One approach to provide support in fulfilling patients' spiritual needs was a collaboration with pastoral care or visit arrangement of religious services to patient and provision of worship equipment as well as facilitating virtual worship activities. Hospital regulation and nursing intervention facilitate spiritual supports for patients involved Catholic, Christian, Muslim, and other religious leaders and also encompass family relatives' for speedy recovery (18) . Identical topics presented by the study participants:

"If (the patient's) Christianity is Protestant we invited priest ... the priest visits the room in the hospital in a fully protective wear too. Catholic patients often called for Pastor service... (P7, 44 years old).

"... similar intervention given to the Muslims patient, we arrange the camera to the patients as the chaplain reads surahs of the Quran through video calls..." (P 10, 23 years old).

"We have a designated team prayer that serve for specific purpose, but at this moment if no one can visit we arrange video call and facilitate prayer by video call with *Pasosmed* team (Socio-Medical Pastoral Service) for all religions." (P8, 24 years old).

d. Sub theme 4: Facilitating communication between patients and family amid isolation

COVID-19 patients treated in the isolation ward were limited for family visits. Nurses facilitate patients to communicate with their family through

various method such as tele-health, use of cellphones, video calls, and others. Multimodal communication strategies allow dynamic exchange of information between family and patient to strengthen connection and bonding. Trust between patient, family and nurses promotes fluid interaction for better explanation, enhanced decision making related patients' health and lead to overall satisfaction (19) . Participants conveyed the message in the following statement:

"We (nurses) communicate with patients' family using video calls and telephones. There was also a family member contacting us every day, but some others did not active, we are the ones to contact every day with ward mobile phone. We were also facilitating visiting doctor explains to family via ward mobile phone..." (P10, 23 years old).

Theme 3: Nurses' care and digital technology advantages as a means of therapeutic communication

Therapeutic communication is a nurse's ability in helping patient to adapt psychological disturbance and learn on how to appropriately interact with other people. This ability expected to help patient and family in maximizing positive thought as the experienced burden associated with the COVID-19 infection. Hence, therapeutic communication can be performed verbally or nonverbally within aim to lower patient and family anxiety for faster recovery (20).

a. Sub theme 1: Nurses accompany and use of touch as a form of care toward the patients

Nurses taking care of COVID-19 patients need courage as they exposed to risk for infection. Nurses' touch in the care provision of COVID-19 patients deemed necessary as a means of strength for the management of isolation and psychological pressure. Similarly, in an

event of a warfare nurses' touch toward patient is inherent sacrifice (21). Nurses' touch stimulates effective and efficient period for interventions. However, the touch does not always rely on physical behavior but more on providing sense of comfort, reducing fear and giving attention (22). Participant of this study declared likewise statement:

" When we measure patient blood pressure, we clap patient's shoulder and arm in a sense of support for the patient ". (P9, 24 years old).

" ... We (nurses) keep bathing by using hand towels all over the patient's body and keep changing dirty sheets". (P10, 23 years old)

b. Sub theme 2: Offering digital services for calm and contentment of the patients

Advanced development of digital technology amid this COVID-19 pandemic leverage nurses' role in providing communication for patient and family particular to isolation. Utilization of video calls for patient and family communication as well as sending updates from nurses become a popular alternative in promoting ease and calm of the patient and family (23). Video calls increased communication quality among patient and family as it enables face-to-face interaction or even audio communication. Interesting finding from this study was majority of the patient and nurses utilizing digital media such as smartphone for facilitating the communication between family and patient. On another occasion, nurses interact with patients' family using personal device or hospital owned smartphone in sending updates regarding patient status (24).

"... (patient) was crying and wanted to call his family. He wanted a video call, meanwhile he did not have a smartphone. We asked his family

member phone number, but he did not remember. We tried to search from the contact lists then made a video call. It turns out right to the family member, then we borrowed a nurse's cellphone to place the call..." (P3, 41 years old)

c. Sub theme 3: Introducing therapeutic communication techniques

Patients' anxiety associated with COVID-19 can be managed properly by nurses by raising awareness in preventing mental health problems which may lead to worse psychological disturbances. Patient with such condition require therapeutic communication interpersonally. Through communication, patient expected to preserve tranquility, lower anxiety and address psychological burden properly. Communication with COVID-19 patients which encompass open technique, empathy, giving support and positive think could increase patient satisfaction hospitalization (25). The findings were in accordance with the participants narrated report:

"We were trying to calm the patient... if he was emotional, we would not respond with emotions too, we must calmly respond question or complaint patient by giving explanation and relaxing the patient ". (P2, 35 years old)

"We had a lot of conversation with patient, comfort, relieve psychological burden and becomes talkative friends for patient ". (P8, 24 years old)

Implications and limitations

Holistic care for COVID-19 patients is a consensus that must be carried out by nurses. The approach started with medical, physical, psychological and environmental assessment in identifying problem and provide comprehensive care for the patients (26). Emerging demands in holistic



care associated with the nature that a patient is human being which must be considered as a whole which includes interrelated and interacting bio-psycho-social-spiritual aspects. In order to deliver the caring, nurses expected to implement this approach. In addition, every individual is unique based on different needs and responses following a stimulus (27). Holistic approach is highly useful for COVID-19 patients in increasing mental health and enhance the healing process (4). The limitation of this study is the unstable internet signal during interviews with some participants so that the interview time exceeds the agreed upon time.

CONCLUSION

Care organized by nurses toward COVID-19 patients in this study this categorized into three themes. First, complains reported by COVID-19 patients. Nurse received numerous complaints from patients associated with their diseases sign and symptoms. The second theme is nurses' intervention to fulfill physical, psychological, social and spiritual needs. Interventions provided by nurses correspond to patients' complaints and needs were comprehensive despite limited resources and difficulties associated with PPE uses. Third emerged theme from this study is nurses' care as well as digital technology advantages as a means of therapeutic communication. Nurses' touch to COVID-19 patients increasingly necessary to reassure comfort and protection. The existing media communication especially smartphone serve significant role in bridging information exchange between patient, family, doctor, nurse and religious figures for holistic care. The technology potential to improve patients' motivation, stimulate calmness, talkative device, respond fear, give explanation, overcoming anxiety and offer spiritual supports to the patient. Holistic care for COVID-19 patients can take advantage of digital technology to fulfill it.

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Author contribution

Researchers have equal roles in participant recruitment, conduct interviews, data analysis and presentation as well as manuscript development.

Conflict of interest

The authors declare no conflict of interest associated with this study

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